

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048991

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 377Primary Registration District No. 500Registrar's No. 3670

FILED JAN 10 1963

## 1. PLACE OF DEATH

a. COUNTY ST LOUIS,b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN FLORISSANTLength of stay in 1b  
YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2085 FLAMINGOInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY ST LOUIS,c. CITY  
OR  
TOWN FLORISSANTInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
2085 FLAMINGOReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ADELAIDE

Middle

Last  
HANNIGAN4. DATE  
OF  
DEATH

Month

Day

Year

DEC, 13, 19625. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
9/20/919. AGE (last birthday)  
71IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY  
HOME11. BIRTHPLACE (City and state or country)  
ST LOUIS MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

RICHARD M. HAMMOND

## 13b. MOTHER'S MAIDEN NAME

NETTIE CHILDS

## 14. NAME OF HUSBAND OR WIFE

FERDINAND15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
NO

16.

## 17. INFORMANT

Address

1 DEL GOEBEL 1400 BOBOLINK18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma tosis  
Carcinoma of breastFLORISSANTINTERVAL BETWEEN  
ONSET AND DEATH1 year  
5 yearsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. p.m. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to present and last saw her alive on 12/10/62  
Death occurred at 7pm on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE  
R. Bold MD

(Degree or title)

22b. ADDRESS

206 North Louis Ave

22c. DATE SIGNED

12/14/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

12/17, 1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NATURAL BRIDGE 12-17-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John E. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/591 40132 40133 24 15 2

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.